Georgia Department of Human Resources

CURRENT SCORE

93

Food Service Establishment Inspection Report

Name:	Drag	on Lad	Establishment Number				
Address:		Comme		1-2021			
	Peac	htree C	ity, GA 30269				Previous
Year	Month	Dav	Inspection Time	Purpose	Enforcemen	ıt	97
2005	2	3	14:35	Routine	1		Score

The items marked below as violations in the operation or facilities of your establishment must be corrected as specified in Section 290-5-14.11(d). Failure to correct violations will result in appropriate legal action as provided for in the Georgia laws or Food Service Rules. X INDICATES NON-COMPLIANCE.

CRITICAL ITE				EMS (Category II) GENE		RAL ITEMS (Category III)				
CAT	Poi Max	nts Min	X/	Sewage		CAT	Poi Max		X/	
Т				23. Sewage in Establishment		ı			<u> </u>	
Ш	10	5		24. Approved Sewage System	1	Ш	15	8		
Adulterated, Container, Labeled, Dispensed II 10 5 Personnel						Plumbing				
I				25. Installation; Maintained		III	4	2		
Ш	8	6		26. No Cross-Connection; Back Siphonage		ı				
4. Tobacco, Clothes, Hair Restraints II 8 6 Food Protection						Toilet and Handwashing Facilities				
I				27. Approved; Accessible		ı				
Ш	10	5	X	28. Constructed; Maintained; Number		III	4	2		
II	10	5		29. Clean; Proper Supplies Provided		II	10	5		
7. Storage Practices; Approved Containers II 10 5 Temperature Control						Garbage and Refuse Disposal				
I				30. Containers, Covered, Number, Other		III	8	4		
I				31. Storage Area; Clean, Construction		Ш	5	3		
I				Physical Facilities		1				
I				32. Floors, Walls, Ceilings		III	6	3	X	
Equipment and Utensils					33. Lighting; Fixtures Shielded			3		
ı I				34. Ventilation; Sufficient, Mai	ntained, Clean	III	8	4	X	
III	6	3		35. Personnel Facilities Provid	ded, Used	III	2			
14. Food Contact Surfaces Clean; Procedure II 15 8										
15. Approved Material; Maintained II 6 3		36. Toxic Materials, Storage, Use, Label								
) II	5	3		37. Roaches, Flies, Rodents		III	15	8		
II	4	2		38. Proper Cleaning Methods Used		III	2			
III	15	8	X	39. Authorized Personnel, Ani	mal Control	Ш	5	2		
II	6	3		40 Inspection Report Choking Poster Permit			2			
II	6	3		Posted; Linen, Laundry		'''	_			
				41. Approved Area For Food	Service Operation	III	2			
21. Approved Source; System Operational			The following Category I Items were corrected at the time of the inspection:							
Ш	5	2						ws 10/08/		
ach in od. ener an wls) in equipm	coolers ad entire walk-in ent insid tchen; b	storage cooler de and) Repla use hea	e bin; and out, to ce alth	The following Category I Item: N/A rn vents. See Addendum	s were corrected at t	he tim	e of the			
ird noti	ice a wa	rning w	ıll be							
) i i i i i i i i i i i i i i i i i i i	I II I	CAT	CAT	CAT Max Min X Min I II I0 5 X II I0 To a color To a	CAT Max Min	CAT Nax Min X Sewage	CAT Max Min Min	CAT Max Min Min	CAT Max Min Min	

Food Service Addendum

Name: Address:	264 Comr	ady-Peachtree City nerce Dr City, GA 30269	Date: 02/03/2005
	1 cacitifee	City, G/1 30207	
Type of l	Review:	A) Construction Conference	
		B) Preliminary Review	
		C) Violation Follow-Up	
		D) Other Routine Inspecti	on Con't
Deficience	cy:		
Plan of I	<u>mprovem</u>	ent:	
Commen	nts:		
area (have	e a 2nd sinl	(c.) 3) Re-label bulk containers	tation area. 2) Unblock hand sink in beverage station . 4) Remember to use 3 compartment sink for pots ion issues that have been "grandfathered" in.
Discussed	With:	Daniel Williams, Owner	
Ins	spector: P	eggy A Monkus	
	<u> </u>		